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Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	09/895,945	Confirmation No.:	3828
Applicant	:	FRANK, Trevor G. et al.		
Filed	:	June 29, 2001		
TC/A.U.	:	1743		
Examiner	:	SINES, Brian J.		
Docket No.	:	SYMXP008		
Customer No.	:	26541		
Title	:	IN-SITU INJECTION AND MATERIALS SCREENING		
DEVICE	:			

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT B AFTER FINAL

Sir:

In response to the Final Office Action of April 7, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.



IFW
AF/1743

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/895,945	
	Filing Date	June 29, 2001	
	First Named Inventor	FRANK, Trevor G. et al.	
	Group Art Unit	1743	
	Examiner Name	SINES, Brian J.	
Total Number of Pages in This Submission		Attorney Docket Number	SYMXP008

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	RITTER, LANG & KAPLAN LLP Cindy S. Kaplan, Reg. No. 40,043
Signature	
Date	June 4, 2004

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Typed or printed name	Kimberly Melvin
Signature	
Date	June 4, 2004

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